

**NOTIFICATION OF CHANGE OF ADDRESS, BUSINESS OWNERSHIP, OR  
DISCONTINUANCE OF BUSINESS**

Mail to: Employment Development Department  
Status Unit—MIC 28  
P.O. Box 826880  
Sacramento, CA 94280-0001

YOUR ACCOUNT NUMBER

**PLEASE INDICATE THE CHANGE(S) TO YOUR BUSINESS BELOW:**

- A. ☐ Address change only (please provide new mailing address/telephone number below).  
B. ☐ Business discontinued without successor: \_\_\_\_/\_\_\_\_/\_\_\_\_ (please provide forwarding address below).  
C. ☐ Discontinued paying wages. Last wage payment made on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
D. ☐ Change of business name. New business name: \_\_\_\_\_  
E. ☐ Change of ownership: Enter exact date \_\_\_\_/\_\_\_\_/\_\_\_\_ (please provide type of change below).

If A or B checked above:

STREET AND NUMBER	CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER

If E checked above:

- ☐ Partial sale only, not out-of-business. ☐ Entire business sold (enter successor name and address below).  
☐ Corporation formed. ☐ Other (explain): \_\_\_\_\_  
☐ Corporation dissolved.

OWNER'S NAME(S) FOLLOWING CHANGE OF OWNERSHIP	BUSINESS NAME	BUSINESS MAILING ADDRESS

NEW Federal Employer Identification Number \_\_\_\_\_

- ☐ Partnership dissolved. ☐ Partner(s) added. ☐ Partner(s) withdrew.

PARTNER(S) ADDED/WITHDRAWN	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

**REMINDER:** If you have discontinued paying wages or have discontinued your business without a successor, you have ten (10) days to file your final DE 88 with payment, Quarterly Wage and Withholding Report (DE 6), and Annual Reconciliation Statement (DE 7).

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

PHONE NO. \_\_\_\_\_

FOR DEPARTMENT USE ONLY

ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_